

Western Pennsylvania Regional Rural Health Summit
Summary Report
Hosted by Indiana University of Pennsylvania
In Strategic Collaboration with the Pennsylvania Department of Health (DOH) and
Department of Human Services (DHS)

Date: Wednesday, April 16, 2025

Location: Kovalchick Convention and Athletic Complex, Indiana, PA

Time: 9:00 AM – 4:00 PM

Indiana University of Pennsylvania (IUP), in strategic partnership with the Pennsylvania Department of Health and Department of Human Services, proudly hosted the first Western Pennsylvania Regional Rural Health Summit on April 16, 2025. The day-long event convened key stakeholders from across the region—including healthcare leaders, policymakers, educators, and community partners—to address the urgent and complex health challenges facing rural communities in western Pennsylvania.

Opening and Keynote Sessions

The summit began with welcoming remarks from Dr. Michael Driscoll, President of IUP; Steve Wolfe, President and CEO of Indiana Regional Medical Center (IRMC); and Dr. Miko Rose, Founding Dean of IUP's proposed College of Osteopathic Medicine (COM). These leaders reinforced the summit's purpose: to generate sustainable solutions for rural health through collaboration, education, and innovation. Dr. Valerie Arkoosh, Secretary of DHS, highlighted coordinated state-level efforts with the General Assembly to stabilize rural hospitals, sustain in-patient and outpatient care, and ensure ongoing access to essential and specialty services. Dr. Debra Bogen, Secretary of Health, presented compelling data on rural health disparities, including leading causes of premature death and maternal health challenges. She outlined innovative responses, such as mobile maternity care units and EMS reforms, aimed at closing the health gap between rural and urban areas.

Institutional Contributions and Policy Insights

Dr. Lara Luetkehans, IUP Provost and Vice President for Academic Affairs, shared updates on cross-sector initiatives led by the university and its partners to improve rural health outcomes—emphasizing the role of higher education in both workforce development and community well-being. Dr. Laura Dimino, Center for Rural Pennsylvania, and Lisa Davis, PA Office of Rural Health, addressed demographic shifts and rural revitalization strategies, particularly the expanding role of healthcare as an economic engine. Their session underscored the need for a coordinated approach to workforce recruitment and retention. Christina Koren, Director of Strategic Partnerships at IUP, set the tone for the remainder of the summit by outlining the collaborative goals of the day: to generate actionable, region-specific ideas to transform rural health delivery and sustainability.

Cultural Integration and Strategic Collaboration

An inspirational interlude curated by IUP's College of Arts and Humanities, led by Dean Curt Scheib, illustrated the power of coordination through music. IUP student musicians Braxton Beaulieu and Aleksander Maschmidt delivered a moving performance, reinforcing the summit's

theme of harmony and collective impact. Dr. George Garrow, CEO of Primary Health Network, introduced examples of successful cross-sector collaboration.

Working Lunch & Policy Panel

During lunch, a distinguished panel—moderated by Dr. Miko Rose—engaged in a candid discussion on the State of Rural Health in Pennsylvania. Panelists included:

- Senator Joe Pittman, PA Senate Majority Floor Leader
- Representative Jim Struzzi, PA House of Representatives
- Dr. Michael Driscoll, President, IUP
- Commissioner Pat Fabian, Armstrong County
- Steve Wolfe, CEO, IRMC

Topics ranged from legislative opportunities to systemic funding challenges, with shared commitment to advancing infrastructure and policy that supports rural healthcare and communities.

Strategic Workgroup Breakout Sessions

The afternoon featured intensive, facilitated workgroup sessions designed to generate strategic solutions to key issues in rural health. Attendees were divided into focus areas to engage in mastermind-style collaboration, identifying both immediate action steps and long-term opportunities in areas such as workforce development, elder care, behavioral health, infrastructure, and funding innovation.

The inaugural Western Pennsylvania Regional Rural Health Summit served as a launching point for a new era of collaboration, driven by IUP's leadership and supported by strong partnerships with the PA Departments of Health and Human Services. Through powerful dialogue and collective vision, the summit laid the groundwork for regional transformation in rural healthcare access, equity, and sustainability.

Breakout Session Summary Reports

As a centerpiece of the inaugural Western Pennsylvania Regional Rural Summit, the afternoon breakout sessions provided attendees with the opportunity to engage in collaborative, solutions-oriented discussions around the most pressing health challenges facing rural communities. Participants joined facilitated workgroups on topics such as maternity care, mental and behavioral health, aging populations, public-private partnerships, and the intersection of healthcare and economic development. These sessions allowed for open exchange of ideas, identification of regional strengths and gaps, and the generation of actionable strategies to strengthen rural health infrastructure and service delivery. The following summaries reflect the collective insights and proposed solutions that emerged from each session.

Summary Session Report: The Business of Healthcare & Rural Economic Development

This session explored the intersection of healthcare and rural economic development, with a focus on the viability and impact of rural hospitals, healthcare access challenges, and workforce pipeline development.

Key Themes & Insights

Rural Hospitals as Economic Engines

- Rural hospitals are vital economic drivers in their communities.
- The loss of healthcare services in McKean County was cited as a significant economic and health blow—10 beds, outpatient services, and a nursing home were lost, demonstrating the vulnerability of “super rural” areas (Commissioner Marty Wildner).
- The survival of independent hospitals is increasingly difficult. Rather than trying to be everything to everyone, hospitals must focus on what they do well: *“Do what you do and do it well.”*

Workforce & Administrative Pressures

- Demographic changes and population decline in rural areas challenge the sustainability of hospitals.
- Many healthcare professionals are leaving bedside care for administrative roles, adding strain to direct patient care.
- There’s an ongoing conversation around single-payer systems, reimbursement structures, and administrative burden.

Broadband & Infrastructure Gaps

- Limited broadband and transportation remain major barriers to care in rural counties:
 - Bedford County cited operations shutdowns due to Wi-Fi failures.
 - McKean County continues to experience broadband dead zones.
 - Public transportation gaps make accessing care and referrals difficult.
- Telehealth use is declining post-pandemic, as patients prefer in-person care.

Prevention & Reimbursement Models

- Current systems reward hospitals for "heads in beds" rather than keeping people healthy and out of hospitals.
- There's growing advocacy for prevention-focused care and value-based reimbursement models.
- Concierge medicine and 24/7 health coaching show promise in reducing hospitalizations.

Women's & Primary Care

- Women's healthcare access was highlighted as a top priority— "a mountain Dr. Simpson will die on."
- Reimbursement for primary care remains inadequate.
- Northern Tier patients face long drives (40+ minutes) for basic services like childbirth.

EMS & Transportation

- EMS services are underfunded and burdened by the high cost of readiness.
- Patient transportation for follow-up services (e.g., surgery, mental health care) is a persistent barrier.

Healthcare Workforce Development

- Strong emphasis on building healthcare pipelines in rural areas:
 - Programs like ICTC, Lenape Vo-Tech, and IRMC's shadow programs are introducing students to healthcare careers as early as junior high.
 - Career days and university partnerships help identify and nurture local talent.

Medical Education & Incentives

- Medical school costs remain a barrier to entry.
 - Programs like UPMC, Geisinger, and Penn Highlands offer tuition reimbursement or full coverage in exchange for service commitments.
 - IUP's proposed College of Osteopathic Medicine (COM) was noted as a potential solution—being a public institution may help control cost of attendance.
- Retention strategies for doctors include:
 - Competitive incentives
 - Family-focused support (spousal employment, housing, schools, shopping, quality of life)

Key Challenges

- Radiology technologists and other technical roles face even more severe shortages than physicians.
- Supporting the full ecosystem around healthcare workers, including their families, is critical to retention and recruitment.
- Rural hospitals cannot operate in isolation; they require strategic alignment with community development and infrastructure.

Summary Session Report: Strengthening Rural Healthcare Partnerships

This session focused on how rural communities can strengthen partnerships to improve health outcomes, especially by building innovative models, engaging youth, expanding services, and aligning stakeholders around shared challenges and goals.

Current Strategies That Are Working Well

- A model of innovation that has shown great success is bringing panels of nurses and doctors into middle schools to introduce healthcare careers to younger students. Children were engaged, asked thoughtful questions, and showed genuine interest. Early exposure is especially important in areas like Indiana County, and partnerships with K-12 schools are critical.
- Cross-sector collaboration is yielding results—teams from public transportation and community health meet regularly to share data-driven ideas. These conversations lead to innovative financing models and impactful solutions. The Health and Wellness Committee plays a key role as a philanthropic partner.
- A success story highlighted the hiring of a health director focused on risk outcomes. This individual provided data that led to community-specific assessments, helping to reduce health risk factors across counties.
- The Rural Health Redesign Initiative has a clear goal: helping rural communities thrive through access to quality healthcare. A newly awarded grant will help the initiative partner with the Department of Health to move rural healthcare into its next generation.
- Preventative programs targeting young children—like weight loss and diabetes prevention efforts—are proving to be effective early interventions.

Challenges Facing Rural Areas—and How to Address Them

- The next-generation workforce is critical. Many rural hospitals face staffing shortages, outdated equipment, and wage challenges. To remain competitive, they must offer attractive compensation and modernization. Public frustration with healthcare delivery signals the need for consumer voice integration in planning.
- Supporting individuals with intellectual and developmental disabilities remains an underserved area. Opening more public-facing clinics (e.g., dental) and incorporating feedback from self-advocates will lead to better-informed care.
- The PA Navigate system presents a significant opportunity. Expanding its capabilities could increase collaboration and streamline services across rural hospitals.
- Access to healthcare education for small college and first-generation students remains a barrier. Partnerships with institutions like Hershey Medical Center could provide rural students with MCAT prep resources and pathways to success, increasing the likelihood they return to serving rural communities.
- Investing in early childhood education and care ties directly into economic vitality and workforce development. Without reliable childcare, workforce participation stalls.
- Rural areas continue to grapple with housing, mental health, and food insecurity. Addressing post-discharge care and offering nutritious food options can lead to better long-term outcomes.

- Technological literacy—especially among older adults—limits access to telehealth and digital health tools.

Aspirations: What Success Could Look Like

- Expansion of mobile health clinics and rural health centers will increase care access for individuals who currently travel long distances (e.g., to Pittsburgh). Clear communication and community health workers are essential for success. Sustained funding is necessary for these models to make a long-term impact.
- Specialist shortages in rural areas can be addressed through telemedicine, connecting patients with remote experts and easing burden on local hospitals.
- A broader shift toward health-supportive care (not just disease treatment) is needed. This includes integrating business leaders into hospital strategy discussions and forming anchor institution coalitions that unite cross-sector problem solvers.
- Career development efforts should target youth in lower-income communities, helping them see healthcare as an attainable and rewarding field.

Indicators of Success

- Reduced health disparities across rural populations.
- Improved county health rankings and data-sharing between hospitals to promote shared learning and consistent progress monitoring.
- Lower premature death rates in small communities.
- Shorter wait times and better post-discharge outcomes.
- Continuous access to rural health data to support informed decision-making.
- Fewer hospital closures, increased collaboration among healthcare professionals, and broader awareness of rural healthcare challenges.
- Higher wages for social workers and community health workers.
- More street medicine programs and wider use of telemedicine.
- Expanded services for those affected by the opioid epidemic.

Key Takeaways: Strengthening Partnerships Moving Forward

- Promote the integration of the PA Navigate system for easier access to health records across providers and systems.
- The strongest partnerships were between hospitals and Federally Qualified Health Centers (FQHCs).
- Community engagement is crucial, investing in relationships and creating advisory panels to bring in diverse voices and perspectives, helps generate new ideas and identify blind spots.
- Forming working groups to tackle issues such as food access is essential to advancing holistic rural health strategies.

Summary Session Report: Strengthening Regional Mental & Behavioral Health Response

This session identified discussion points related to strengthening regional mental and behavioral health response across rural communities.

Current Issues and Challenges:

- **Expansion Needs:** While outpatient mental health facilities are expanding in Armstrong and Indiana Counties, demand continues to outpace available services.
- **Workforce Shortages:** A severe shortage of trained therapists and mental health professionals was identified. Increased staff training is critical.
- **Stigma and Education:** Mental health and substance use stigma remains a major barrier. Education programs face funding constraints. Washington County's public campaign featuring leaders with lived experience was a powerful example of stigma reduction.
- **Youth Mental Health:** Schools report a rise in mental health crises, with police frequently calling in to respond. COVID-related developmental delays, especially among preschool-aged children, highlight the need for appropriate assessments rather than default diagnoses.
- **Insurance and Funding Concerns:**
 - Commercial insurers are often not contracting to pay for licensed procedures, shifting financial responsibility to county systems.
 - Rational Medicaid care plans are lacking.
 - High deductibles and inconsistent reimbursement models create access and sustainability issues.
 - There is concern that Medicaid alone cannot meet the region's growing needs.

Proposed Solutions:

- **Workforce Development:**
 - Expand and invest in staff training.
 - Prepare future workers before job entry through practical, field-based experiences.
 - Lower educational barriers for entry-level roles (e.g., fewer degree requirements where appropriate).
 - Address student debt—psychology and sociology graduates often face loan burdens of \$100K or more.
- **Policy Innovations:**
 - Highlighted example: Mercyhurst University reduced tuition by 60% for eligible students pursuing mental health careers.
 - Push for commercial insurance providers to contribute to crisis system funding and engage in parity.
- **Cultural and Environmental Shifts:**
 - Normalize mental health discussions during pediatric check-ups.
 - Train medical professionals to detect early signs of mental health issues and distinguish them from behavioral/developmental delays.

Key Takeaways:

- Diverse cross-sector partnerships are essential to address mental health in rural communities.

- Greater emphasis is needed on long-term workforce solutions, stigma reduction, and fair insurance practices.
- The region must pursue sustainable, community-driven policies that make mental health services accessible, affordable, and destigmatized for all ages.

Summary Session Report: Expanding Access to Women's Health and Maternity Care

The “Expanding Access to Women's Health and Maternity Care” session convened a diverse group of healthcare professionals, administrators, and community leaders to explore critical issues surrounding women's health and maternity care access, particularly in rural areas. Facilitated by Sara, the session focused on identifying key challenges, celebrating successful strategies, and determining actionable steps to enhance care delivery across Pennsylvania. Participants shared local experiences and discussed state-level planning efforts, policy implications, and innovative community-based models.

Key Topics and Discussion Highlights

I. Current Challenges in Women's Health and Maternity Care

- **Healthcare Access and Delivery Volumes**
 - Many rural hospitals, like PAH, are experiencing OB service closures due to unsustainable financial models. Jack Sisk noted that over 600 births are needed annually to break even.
 - JC Blair discontinued women's health services, requiring patients to travel long distances.
 - High-risk patients are more common due to higher BMIs and comorbidities. Acuity has increased, yet resources remain limited.
- **Workforce and Provider Shortages**
 - There is a critical shortage of OB providers and doulas, particularly for Medicaid patients, as insurance billing remains complex and under-incentivized.
 - Concerns were raised about the limited women's health training required for CRNPs and the lack of continuity in OB care in rural areas.
- **Social Determinants and Cultural Barriers**
 - Transportation challenges hinder access to care, especially when services prohibit bringing children to appointments.
 - The Amish community often avoids traditional prenatal care due to cultural norms. In 2023, 30 of 44 Amish births at PAH involved mothers with no prior medical engagement.
 - Some communities distrust the healthcare system or are unaware of the importance of prenatal care, emphasizing the need for targeted education and outreach.
- **Infrastructure and Policy Barriers**
 - Participants cited systemic barriers like inadequate reimbursement, limited availability of home visiting programs, and policy gaps that disproportionately impact rural women.
 - If supportive policies (e.g., 340B drug pricing) are rolled back, rural OB programs could collapse, worsening maternal mortality rates.

II. Notable Successes and Innovative Approaches

- **Community-Based Outreach and Care Delivery**
 - PAH's OB team conducts monthly mobile clinics for the Amish community, offering prenatal screenings via portable ultrasound, A1C testing, and Pap smears—building patient history before delivery.

- A women's health fair targets outreach and preventive services, including free mammograms.
- **Workforce Development and Cultural Competence**
 - Medical students gain experience in rural Amish communities, helping build trust and cultural understanding.
 - Highmark and other partners promote the use of community health workers (CHWs) and advocate for licensure expansion to support community-based care.
- **Technology and Telehealth**
 - Providers use telehealth and mobile communication to monitor patients, such as tracking blood pressure, providing education, and reinforcing postpartum care.
 - Virtual touchpoints help build trust, especially in communities initially hesitant about in-home visits.
- **Patient Incentives and Engagement**
 - Suggestions included offering incentives like free diapers for walking, a set number of steps, and healthy meal kits to support nutrition during pregnancy.

III. Recommendations and Actionable Next Steps

- **State-Level Strategy Alignment**
 - The statewide maternal health plan includes five strategic priorities:
 1. Address rural maternity care deserts.
 2. Tackle social determinants of health.
 3. Expand and diversify the workforce.
 4. Increase access to high-quality care.
 5. Address behavioral health and substance use.
 - An actionable focus for the first year is planned, with a potential announcement around Mother's Day.
- **Expand Outreach and Care Models**
 - Replicate successful mobile outreach programs for other underserved populations.
 - Develop regional trauma-style collaborations for women's health to pool resources and expertise.
- **Enhance Training and Education**
 - Establish ongoing women's health competency training for healthcare providers, similar to CPR recertification.
 - Educate patients on self-monitoring tools and signs of complications using prenatal kits and digital resources.
- **Advance Equity and Cultural Competency**
 - Foster trust through representation and relationship-building. Providers of color and community-based caregivers can play a vital role in improving care outcomes and reducing disparities.
- **Policy and Systems Change**
 - Advocate for sustainable reimbursement structures and Medicaid policies that support OB care, CHWs, doulas, and essential maternal health services.
 - Ensure emergency transport capacity in rural communities to manage labor and delivery safely.

Participant Insights

- **“Meet people where they are.”** — A recurring theme emphasizing the importance of culturally sensitive, flexible, and community-rooted care models.
- **“We need a systems-level change.”** — Participants called for state and institutional support to stabilize rural OB services, address infrastructure gaps, and prioritize women's health as essential care.

Next Steps

- Distribute the statewide maternal health plan to session participants upon release.
- Follow up with Theresa for the OB/women’s health article.
- Explore opportunities to collaborate on shared training and outreach initiatives.
- Consider a follow-up session focused on implementation planning and partnership opportunities.

Summary Session Report: Meeting the Needs of an Aging Population

Overview

This session explored the challenges facing aging populations in our region, particularly in rural communities. Participants represented a wide range of stakeholders including public health agencies, care providers, advocacy organizations, and community leaders. The discussion focused on systemic issues impacting food security, healthcare access, long-term care, financial exploitation, and workforce shortages, and emphasized the need for coordinated action and policy change.

Key Themes & Takeaways

1. Community-Based Supports and Food Insecurity

- A **Collective Impact group** involving the Conservation District and local organizations is actively working to address food insecurity among older adults.
- Initiatives include:
 - Increasing access to fresh produce through local gardens.
 - Distributing raised beds to improve physical and mental well-being.
 - Donate locally grown food to food banks.
- A **Women's Health Initiative** provides support for older adults with cognitive and functional impairments through assessments that determine eligibility for home health services.

2. Healthcare & Preventive Services

- **Proactive screenings identify individuals at high risk for conditions such as stroke, breast cancer, hypertension, and falls.**
- **Emphasis on preventative care such as regular blood pressure monitoring to mitigate future complications.**
- **Nursing homes serve as essential safety nets for individuals without family or other support systems but face significant challenges:**
 - **Severe workforce shortages due to aging caregivers and limited new entrants.**
 - **Medicaid reimbursement issues and financial exploitation by family members put facilities at financial risk.**
 - **Lack of skilled behavioral/mental health support in facilities is a growing concern.**

3. Long-Term Care System Challenges

- Medicaid-related payment delays and refusal by families to release resident funds are jeopardizing care delivery.
- There is a critical need to reform how long-term care is funded and to support the infrastructure of nursing and assisted living facilities.
- Ongoing efforts include:
 - Workforce development seminars.
 - Advocacy through organizations such as LeadingAge PA and the Department of Aging.
 - A 10-year plan in partnership with local Area Agencies on Aging (AAA).

4. Rural Healthcare Access & Workforce Development

- Many rural hospitals and care facilities are downsizing, resulting in fewer available beds and services.
- Patients are often placed in distant hospitals while awaiting nursing home placement, increasing costs and delays.
- Efforts to increase the workforce include expanding nursing programs at colleges and encouraging skilled professionals to serve rural areas.
- Barriers include lack of housing, limited community resources, and absence of economic incentives to attract healthcare workers.

5. Legislative and Policy Opportunities

- Financial exploitation of older adults should be formally recognized as a form of abuse under protective service laws.
- Policymakers must prioritize financial stability, housing access, and infrastructure investment in small towns to retain and attract families and caregivers.
- Participants noted the opportunity to collaborate with the Pennsylvania Population Revitalization Commission and utilize upcoming economic developments (e.g., new turbine facility in Homer City) to support community growth.
- Calls for shared savings models and outcome-based funding for home care services were strong, with interest in engaging lawmakers to pursue these strategies.

Top Priority for Impact

Education emerged as the critical area of focus to improve outcomes for older adults. This includes:

- Educating the aging population, their families, and communities about available resources and care options.
- Increasing public awareness about payment systems, care planning, and service organizations.
- Empowering older adults to be active participants in care discussions.
- Providing clear training pathways and professional development for caregivers in skilled nursing, assisted living, and personal care.

Recommendations and Next Steps

- Launch or expand community toolkits for caregivers, including non-Medicaid eligible families.
- Advocate for legislative changes to protect older adults from financial abuse.
- Partner with higher education and workforce development agencies to boost rural healthcare employment.
- Promote innovation in home care models with metrics for accountability and shared savings.
- Engage local and state legislators to explore policy reforms and funding models that better support aging in place and long-term care sustainability.